

IDAHO SUPREME COURT
APPLICATION FOR REGISTRATION AS A
PARENTING COORDINATOR IN PARENTING DISPUTES
(I.R.C.P. 16(l))

GENERAL INFORMATION

1. Registration: Qualifications of Parenting Coordinators

- A. To be placed on the Supreme Court's list of parenting coordinators, the applicant must be an attorney, a licensed psychologist or counselor, a certified social worker, school counselor or school psychologist. The applicant must also be on the current list of child custody mediators compiled by the Idaho Supreme Court pursuant to [Rule 16\(j\), I.R.C.P.](#) In addition, the applicant must have attended at least twenty (20) hours of training in domestic violence and lethality assessment as evidenced by the attached certificate of completion or other supporting documentation. An applicant must have a basic familiarity with child development as it pertains to issues of bonding, attachment, and loss in early life and future child development, as evidenced by college coursework, classes, workshops, or training as stated in an attached certificate of completion or other supporting documentation. Each applicant must also successfully complete a current criminal history check. In addition, the applicant must be familiar with [Rule 16\(l\), I.R.C.P.](#) enclosed with this application.
- B. Parenting Coordinators are expected to maintain statistical records and evaluation outcomes for purposes of quality control and to provide information as required by the Idaho Supreme Court for submission to the Idaho Legislature.
- C. To remain on the Supreme Court List of Parenting Coordinators, an applicant must remain on the list of child custody mediators compiled by the Idaho Supreme Court. In addition, applicant must complete an updated criminal history check every five (5) years pursuant to [Rule 47, I.C.A.R.](#): Criminal History Checks.

2. Criminal History Check

- A. Applicant must submit to a current criminal history check, at his or her own expense, as provided for in Rule 47, I.C.A.R. The criminal history check will consist of a self-declaration, fingerprints of the individual, information obtained from a national records check conducted by the Idaho Bureau of Criminal Identification, the Federal Bureau of Investigation, the statewide Child Abuse Registry, Adult Protection Registry, and the Sexual Offender Registry. Results of the criminal history check will be mailed to the Idaho Supreme Court. For a list of crimes resulting in unconditional denial, please see Rule 47. All other crimes will result in conditional denial.

Fingerprinting is provided by some law enforcement agencies. Applicants who reside in Ada County are required to have fingerprinting done at the Idaho State Police offices located at 700 S. Stratford Drive, Meridian, Idaho. Applicants outside the Ada County area may contact their local sheriff's office to arrange for having the fingerprinting done, or you may contact the Idaho State Police (208-884-7130) for a list of agencies in your area who provide fingerprinting. Fees may range from \$3.00 to \$10.00. Applicants may obtain a fingerprint card by contacting Valerie Reynolds, Administrative

Legal Assistant, Idaho Supreme Court, telephone (208) 334-2246 or via email: vreynolds@isc.state.id.us. The fingerprint card together with a \$34.00 check payable to the Idaho State Police must be sent to: Idaho State Police, Criminal Identification Division, P.O. Box 700, Meridian, Idaho, 83680-0700.

3. Supporting Documentation

An applicant must submit the following to be placed on the list of parenting coordinators maintained by the Supreme Court:

- A. The attached **Application**;
- B. An **Affidavit of Compliance** executed by the applicant attesting that the applicant has fulfilled the requirements for registration;
- C. A **Self-Declaration** signed by the applicant under penalty of perjury attesting to any felony or misdemeanor convictions or pending criminal charges;
- D. An **Authorization for Release of Confidential Information**; and
- E. A **Fingerprint Card** submitted to the Idaho State Police, together with your check for \$34 payable to the Idaho State Police, Criminal Identification Division, P.O. Box 700, Meridian, Idaho, 83680-0700.

4. Application, Affidavit, Self-Declaration, and Authorization for Release of Confidential Information should be mailed to:

Administrative Director of the Courts
Idaho Supreme Court
P.O. Box 83720
Boise, ID 83720-0101
Telephone: (208) 334-2246

5. Fingerprint card and check should be mailed to:

Idaho State Police
Criminal Identification Division
P.O. Box 700
Meridian, Idaho, 83680-0700

[PLEASE SEE CHECKLIST AT END OF APPLICATION]

**IDAHO SUPREME COURT
451 WEST STATE STREET
P.O. BOX 83720
BOISE, IDAHO 83720-0101
(208) 334-2246**

**APPLICATION FOR REGISTRATION AS A
PARENTING COORDINATOR
(Rule 16 (l), I.R.C.P.)**

NAME _____

Organization _____

Mailing Address _____ Suite _____

City _____ County _____ State _____ ZIP _____

Telephone (____) _____ Extension _____ FAX (____) _____

E-Mail Address _____

The information you furnish above will be used in all correspondence with you and in the Supreme Court's list of child custody mediators and parenting coordinators.

I herewith apply for registration on the list of parenting coordinators maintained by the Idaho Supreme Court pursuant to Rule 16(l) I.R.C.P.

In support of this application, I state the following:

- ☐ I am licensed or certified as a _____ by the state of _____.
(Attach a copy of current professional license or certificate).
- ☐ I am currently registered on the Idaho Supreme Court List of Child Custody Mediators.
- ☐ I have read and am familiar with Rule 16(l): Appointment of Parenting Coordinator in Child Custody and Visitation Disputes.
- ☐ I have read and am familiar with Rule 47, I.C.A.R.: Criminal History Checks.
- ☐ I agree to maintain statistical records and evaluation outcomes for purposes of quality control and to provide information as required by the Idaho Supreme Court for submission to the Idaho Legislature.

I submit the following information for inclusion on the Supreme Court's roster of parenting coordinators. **(Please print or type this information in the space provided below using the attached legend of abbreviations where appropriate. Attach a separate sheet of paper as an addendum to this application if additional space is needed.)**

- (1) I have participated in a minimum of 20 hours of training in domestic violence and lethality assessments as evidenced by the attached certificate of completion or other supporting documentation, and the following information:

<u>Description of Course or Training</u>	<u>Contact Hours</u>	<u>Dates</u>	<u>Name of Entity Listed Below which Sponsored or Approved Training</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

- (2) I have basic knowledge of child development as it pertains to bonding and attachment, loss in early life and future child development as evidenced by the following: (list college coursework, workshops, training or professional experience. If using professional experience, describe your area of practice and length of experience. Please attach any supporting documentation.)

- (3) Professional Affiliations: (bar organizations, alternative dispute resolution organizations, etc.)

- (4) Academic and Professional Education and Training:

- (5) Professional Experience: (include professional experience in the area of domestic violence)
(a) Describe your areas of practice or specialty:

(b) Describe your alternative dispute resolution experience:

(c) Describe any other professional experience you have that is pertinent to your ability as a parenting coordinator, (e.g. work with divorcing parents, work with children):

(6) My hourly rate of compensation as a parenting coordinator is \$_____.

(7) ☐ I understand that pursuant to Rule 16(l)(11) I am prohibited from collecting a retainer.

(8) I will ☐ will not ☐ agree to accept appointments as a parenting coordinator in child custody and parenting disputes on either a pro bono or sliding fee basis. If you are willing to accept pro bono or sliding fee appointments, please specify the conditions, if any, for your acceptance:

(9) In addition to the county of my mailing address, I am willing to provide parenting coordinating services in the following counties:

(10) In each case, I am prepared to sign an oath to faithfully and impartially discharge the duties of a parenting coordinator as prescribed by law, and that I will identify any conflict of interest that I have regarding the parties or the subject matter of the dispute.

(11) I will promptly notify the Administrative Director of the Courts regarding any change concerning my status or other information I have provided in this application.

Signature _____

Date _____

**** Please describe in 50 words or less your area(s) of expertise as you would like it listed on the roster:**

IDAHO SUPREME COURT

**APPLICATION FOR REGISTRATION AS A
PARENTING COORDINATOR**

AFFIDAVIT OF COMPLIANCE

State of _____)
) ss.
County of _____)

To the Idaho Supreme Court:

I, _____, being first duly sworn, depose and say that:

I am the applicant who has signed the attached application for registration on the list of registered child custody mediators and parenting coordinators maintained by the Idaho Supreme Court in accordance with Rules 16(j) and (l), Idaho Rules of Civil Procedure. By signing the application and this affidavit, I certify that I have fulfilled the requirements for being designated as a parenting coordinator on this roster.

I fully realize that the determination as to whether I am placed on the Idaho Supreme Court's list of parenting coordinators depends on the truth and completeness of my answers set forth in the application, my criminal history check, and any addenda that are attached. To my knowledge, the answers and information, which I have supplied in connection with the application and criminal history check, are true and complete.

I have read and understand the contents of Rule 16(l), Idaho Rules of Civil Procedure, relating to parenting coordinators in child custody and visitation disputes, and I will provide this service to which I am appointed in conformance therewith.

Date

Applicant's Signature

Subscribed and sworn to before me this ____ day of _____, 20____.

(SEAL)

Signature
Residing at _____
My Commission Expires _____

CRIMINAL HISTORY CHECK REQUEST
AUTHORIZATION AND SELF-DECLARATION

PLEASE PRINT

Last Name

First Name

Middle Initial

List Former Name(s) (Maiden, AKA, Etc.)

List Former Name(s) (Maiden, AKA, Etc.)

List Former Name(s) (Maiden, AKA, Etc.)

List Former Name(s) (Maiden, AKA, Etc.)

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Driver's License Number: _____ Place of Birth: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair-Color: _____ City & State
Eye-Color: _____

Are you an Idaho resident? Yes ☐ No ☐ How long have you been an Idaho resident? _____

If you answer Yes to question 1–5, provide a separate written explanation of each item including date, location, crime or incident & action.

1. Do you have an arrest record in this or any other state? ----- Yes ☐ No ☐
2. Have you ever pled guilty or been convicted of a crime as an adult or juvenile?
Check YES, even if the conviction was sealed or the judgment was withheld?
(include traffic crimes, such as DUI, reckless driving, or driving without privileges,
but do not include traffic infractions such as excessive speed) ----- Yes ☐ No ☐
3. Do you have criminal charges or warrants pending against you or are you on probation or
parole in this state or any other state? ----- Yes ☐ No ☐
4. Have you ever had a valid child or adult protection action filed against you? ----- Yes ☐ No ☐
5. Has your driver's license ever been suspended or revoked? ----- Yes ☐ No ☐
6. Do you have a valid driver's license today? ----- Yes ☐ No ☐

I authorize the Idaho Supreme Court to obtain background and criminal history information from all sources deemed necessary and release it as required without liability, and I understand if I have been convicted of any crime, I may be contacted by the Idaho Supreme Court and asked to provide court documents and/or disposition.

I hereby certify that the information on this form and the attachment (if applicable) are true and correct to the best of my knowledge: I understand I am signing this document under penalty of perjury. I also understand that any fraud, misrepresentations or omissions in my answers may serve as the basis for my denial or dismissal.

Date

Applicant's Signature

Authorization for Release of Confidential Information

I, _____ of _____,
Your name address city state zip

authorize the Department of Health and Welfare to check information from the Child Abuse and Neglect Central Registry and to disclose said information, upon request, to the Administrative Director of the Idaho Supreme Court for the purpose of processing my application as a Parenting Coordinator pursuant to 16(l), Idaho Rules of Civil Procedure, and making criminal history checks under Rule 47, Idaho Court Administrative Rules.

Executed this _____ day of _____, 200_____.

Print Name

Signature

SUPPORTING DOCUMENTATION CHECKLIST

Please check the following items when completed prior to returning your application:

- ☐ **Application** completed, signed & dated.
- ☐ **Affidavit of Compliance** executed by the applicant and notarized.
- ☐ **Self-Declaration** signed by the applicant under penalty of perjury attesting to any felony or misdemeanor convictions or pending criminal charges.
- ☐ **Authorization for Release of Confidential Information** signed and dated.

Please return the completed Application, Affidavit of Compliance, Self-Disclosure and Authorization for Release of Confidential Information to:

**Administrative Director of the Courts
Idaho Supreme Court
ATT: Valerie Reynolds
451 West State Street
P.O. Box 83720
Boise, ID 83720-0101**

- ☐ **Fingerprint Card** requested from Valerie Reynolds at the Idaho Supreme Court, completed and submitted to the Idaho State Police, together with your check for \$34 payable to the Idaho State Police.

Please return the completed fingerprint card with your check to the following:

**Idaho State Police
Criminal Identification Division
P.O. Box 700
Meridian, Idaho, 83680-0700**